

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/586501		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		⊙					54						
5		⊙					55						
6		⊙					56						
7		⊙					57						
8		⊙					58						
9		⊙					59						
10		⊙					60						
11		⊙					61						
12		⊙					62						
13		⊙					63						
14		⊙					64						
15		⊙					65						
16		⊙					66						
17		⊙					67						
18		⊙					68						
19		⊙					69						
20		⊙					70						
21		⊙					71						
22		⊙					72						
23		⊙					73						
24		⊙					74						
25		⊙					75						
26		⊙					76						
27		⊙					77						
28		⊙					78						
29		⊙					79						
30		⊙					80						
31		⊙					81						
32		⊙					82						
33		⊙					83						
34		⊙					84						
35		⊙					85						
36		⊙					86						
37		⊙					87						
38		⊙					88						
39		⊙					89						
40		⊙					90						
41		⊙					91						
42		⊙					92						
43		⊙					93						
44		⊙					94						
45		⊙					95						
46		⊙					96						
47		⊙					97						
48		⊙					98						
49		⊙					99						
50		⊙					100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	←	21	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24		23				TOTAL CLAIMS						